

AMERICAN ASSOCIATION OF SUICIDOLOGY

Dedicated to the Understanding and Prevention of Suicide

Youth¹ Suicide Fact Sheet

- Suicide ranks as the third leading cause of death for young people (ages 15-19 and 15-24); only accidents and homicides occur more frequently.
- Whereas suicides account for 1.3% of all deaths in the U.S. annually, they comprise 12.3% of all deaths among 15-24 year olds.
- Each year, there are approximately 10 suicides for every 100,000 youth.
- Approximately 11 young people between the ages of 15-24 die every day by suicide.
- Within every 2 hours and 15 minutes, a person under the age of 25 completes suicide.
- In 2001, 30,622 people completed suicide. Of these, 3971 were completed by people between the ages of 15 and 24.
- Suicide rates, for 15-24 year olds, have more than doubled since the 1950's, and remained largely stable at these higher levels between the late 1970's and the mid 1990's. They have declined 25.6% since 1995.
- In the past 60 years, the suicide rate has quadrupled for males 15 to 24 years old, and has doubled for females of the same age (CDC, 2002).
- Suicide rates for those 15-19 years old increased 11% between 1980 and 1997. Since the peak in 1994 with 11.1 suicides per 100,000, there has been a 25.1% decrease. Currently, the rate is 8.2 per 100,000.
- Males between the ages of 20 and 24 were 6.6 times more likely than females to complete suicide 2001. Males between 15 and 19 were 4.8 times more likely than females to complete suicide (2001 data).

	Males	Females	Both genders
Ages 15 to 19	12.9	2.7	7.95
Ages 20 to 24	20.5	3.1	11.97

- The male to female ratio of completed suicides was 5: 1 among 15-19 year olds and 6.9: 1 among 20-24 year olds (2000 data).
- Firearms remain the most commonly used suicide method among youth, regardless of race or gender, nearly accounting for almost three of five (57%) completed suicides.

In this fact sheet, youth refers to the age groups of 15 to 19 and 20 to 24. Unless otherwise specified, information presented refers to the latest available data (i.e., 2001).

- Research has shown that the access to and the availability of firearms is a significant factor in the increase of youth suicide. Guns in the home are deadly to its occupants!
- Among 15-19 year old black males, rates (since 1980) have increased 80% (2001 data). The rate for black males ages 15-19 is currently 7.3 per 100,000. For the age group 20 to 24, the rate is 19.4.
- For every completed suicide by youth, it is estimated that 100 to 200 attempts are made. In grades 9 through 12, 8.8% of students attempted suicide in the previous 12 months (6.2% male and 12.2% female). These numbers decrease from grades 9 (10.7%) to 12 (5.5%). A prior suicide attempt is an important risk factor for an eventual completion.

Suicide Among Children

- Suicide rates for those between the ages of 10-14 increased 99% between 1980 and 1997. This age group has shown a small decline in the past two years. For 2001, the rate is 1.5 per 100,000.
- Although their rates are lower than for whites, black youth (ages 10-14) showed the largest increase in suicide rates between 1980 and 1995 (233%). The rate for black males ages 10-14 was 1.7 per 100,000 (2001 data).
- In the 10 to 14 age group, white youths (ranked 3rd leading cause of death) were far more likely to complete suicide than black youths (ranked 7th leading cause of death). White males between 10 and 14 years of age were three times more likely to complete suicide than females of the same age.
- In 2001, there were 272 suicides in the U.S among children ages 10 to 14.

Other factors

- Research has shown that most adolescent suicides occur after school hours and in the teen's home.
- Although rates vary somewhat by geographic location, within a typical high school classroom, it is likely that three students (one boy and two girls) have made a suicide attempt in the past year.
- The typical profile of an adolescent nonfatal suicide attempter is a female who ingests pills, while the profile of the typical completer suicide is a male who dies from a gunshot wound.
- Not all adolescent attempters may admit their intent. Therefore, any deliberate self-harming behaviors should be considered serious and in need of further evaluation.
- *Most* adolescent suicide attempts are precipitated by interpersonal conflicts. The intent of the behavior appears to be to effect change in the behaviors or attitudes of others.
- Repeat attempters (those making more than one nonlethal attempt) generally use their behavior as a means of
 coping with stress and tend to exhibit more chronic symptomology, poorer coping histories, and a higher presence
 of suicidal and substance abusive behaviors in their family histories.
- Many teenagers may display one or more of the problems or "signs" detailed below. The following list describes some potential factors of risk for suicide among youth. If observed, a professional evaluation is strongly recommended:

Presence of a psychiatric disorder (e.g., depression, drug or alcohol, behavior disorders, conduct disorder [e.g., runs away or has been incarcerated]).

The expression/communication of thoughts of suicide, death, dying or the afterlife (in a context of sadness, boredom, hopelessness or negative feelings).

Impulsive and aggressive behavior; frequent expressions of rage.

Increasing use of alcohol or drugs.

Exposure to another's suicidal behavior.

Recent severe stressor (e.g., difficulties in dealing with sexual orientation; unplanned pregnancy, significant real or anticipated loss, etc.).

Family instability; significant family conflict.

Sources

The information for this portion of the fact sheet was gathered from the National Vital Statistics Reports on the National Center for Health Statistics website (http://www.cdc.gov/nchs/Default.htm) run by the Center for Disease Control and Prevention and from the National Mental Health Association website (http://www.nmha.org/).

Suicide Among College Students

- In 1998, suicide was the second leading cause of death in college-age students (20 to 24 year olds).
- It is estimated that there are more than 1,000 suicides on college campuses per year.
- One in 12 college students have made a suicide plan.
- In 2000, the American College Health Association surveyed 16,000 college students from 28 college campuses.
 - o 9.5% of students had seriously contemplated suicide.
 - o 1.5% have made a suicide attempt.
 - o In the twelve month period prior to the survey, half of the sample reported feeling very sad, one third reported feeling hopeless and 22% reported feeling so depressed as to not be able to function.
 - Of the 16,000 students surveyed, only 6.2% of males and 12.8% of females reported a diagnosis of depression. Therefore, there are a large number of students who are not receiving adequate treatment and/ or who remain undiagnosed.
- Of the students who had seriously considered suicide, 94.8% reported feeling so sad to the point of not functioning at least once in the past year, and 94.4% reported feelings of hopelessness.
- Two groups of students might be at higher risk for suicide:
 - Students with a pre-existing (before college) mental health condition, and
 - Students who develop a mental health condition while in college.

Within these groups, students who are male, Asian and Hispanic, under the age of 21 are more likely to experience suicide ideation and attempts.

- Reasons attributed to the appearance or increase of symptoms/disorders:
 - New and unfamiliar environment;
 - Academic and social pressures;
 - o Feelings of failure or decreased performance;
 - o Alienation;
 - o Family history of mental illness;
 - Lack adequate coping skills;
 - o Difficulties adjusting to new demands and different work loads.
- Risk factors for suicide in college students include depression, sadness, hopelessness, and stress.

• As with the general population, depression plays a large role in suicide. "Ten percent of college students have been diagnosed with depression" (NMHA, 2001). "The vast majority of young adults aged 18 and older who are diagnosed with depression do not receive appropriate or even any treatment at all".

Sources

The information for this portion of the fact sheet was gathered from Safeguarding your Students Against Suicide - Expanding the Safety Net: Proceedings from an Expert panel an Vulnerability, Depressive Symptoms, and Suicidal Behavior on College Campuses, a report by NMHA and The Jed Foundation (2002).

American Association of Suicidology

The goal of the American Association of Suicidology (AAS) is to understand and prevent suicide. AAS promotes research, public awareness programs, education, and training for professionals, survivors, and all interested persons. AAS serves as a national clearinghouse for information on suicide. AAS has many resources and publications, which are available to its membership and the general public. For membership information, please contact:

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